RESIDENT CENSUS ON 10/03/2002

WOODLAND PARK CARE CENTER 9ROVIDER #: 465094 FACILITY BEDS 3855 SOUTH 700 EAST 9HONE NUMBER: (801) 268-4766 SALT LAKE CITY UT 84106 PARTICIPATION DATE: 07/16/1984 CERTIFIED: 134 TYPE ACTION: RECERTIFICATION TOTAL: 134 TYPE OWNERSHIP: FOR PROFIT - CORPORATION STATE'S REGION CODE: 001

LTC ADMISSION/SUSPENSION DATES

TOTAL CERTIFIED BEDS: 134

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

| KESIDENI | | | | | | | | /SUSPENSION D | | | 10. | IAL CERIIF | TED DEL | 75: 134 | | |
|---|---|---|------------------------------|---|--------------------------------------|-------------------------|--|---|--------------------------------|--|--|------------------|---------|---------|--|--|
| TOTAL: 133 MEDICARE: 45 MEDICAID: 65 | | | | ADMISSION SUSPENDED: SUSPENSION RESCINDED: | | | | | | | 18 | 18/19 134 | 19 | ICF/MR | | |
| ME | OTHER: | | 23 | | | | | | | | | 134 | | | | |
| CURRENT | SURVEY | REVISI | T DATE | ES - NONE | | | | | | | | | | | | |
| | CODE S | S PRIOR 2 S/S DE SURVEY COI 05/2000 | | | CODE | SURVEY | CODE | PLAN/DATE OF CORRECT | PROGRAM REQUIREMENTS | | | | | | | |
| | | | D | ., | | X P | D | 11/30/2002 | REQ | F0156-INFORM RES OF SERVICES/CHARGES/LEGAL RGTS/ETC F0225-NOT EMPLOY PERSONS GUILTY OF ABUSE | | | | | | |
| X | E D | Х | E | X | E E | | | | REQ REQ | F0248- | F0241-DIGNITY F0248-ACTIVITY PROGRAM MEETS INDIVIDUAL NEEDS F0253-HOUSEKEEPING & MAINTENANCE SERVICES F0278-ACCURACY OF ASSESSMENTS/COORD W/PROFESSIONALS F0279-DEVELOP COMPREHENSIVE CARE PLANS F0281-SERVICES PROVIDED MEET PROFESSIONAL STANDARDS F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING F0322-PROPER CARE & SERVICES FOR RES W/ NG TUBE F0329-DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS | | | | | |
| Х | D | Х | D | | | X P | E | 11/30/2002 | REQ | F0279- | | | | | | |
| X X | D D | | | | | X P | D | 11/30/2002 | REQ | F0322- | | | | | | |
| 71 | D | X | E | | | | | | | F0333-RESIDENTS FREE FROM SIGNIFICANT MED ERRORS | | | | | | |
| PRIOR 3 SURVEY | PRIOR SURVEY 04/200 | ST 85 2 PRI SUR 0 07/ | EXIST OR 1 VEY 2001 | 85 EXIST CURRENT SURVEY 10/08/2002 | URRENT PLAN/DATE URVEY OF CORRECTION | | | | LSC DEFICIENCIES - BLDG NO. 01 | | | | | | | |
| Х | Х | Х | | | 10/22/2002 | | | K0018-CORRIDOR DOORS K0038-EXIT ACCESS K0050-FIRE DRILLS | | | | | | | | |
| Х | Х | Х | | X N X P 12/01/2002 | | | K0056-AUTOMATIC SPRINKLER SYSTEM K0061-MAIN SPRINKLER CONTROL K0076-MEDICAL GAS SYSTEM K0130-OTHER | | | | | | | | | |
| EDITION 85 NEW | 85 NEW | 85 | NEW | | | | | | | | | | | | | |
| SURVEY | PRIOR 2 PRIOR 1 SURVEY SURVEY 04/2000 07/2001 | | | SURVEY | OF (| PLAN/DATE CORRECTION | | | | ICIENCIES - BLDG NO. 02 | | | | | | |
| X X | Х | Х | | X N X P 12/01/2002 | | | | K0018-CORRIDOR DOORS K0054-SMOKE DETECTOR MAINTENANCE K0056-AUTOMATIC SPRINKLER SYSTEM K0061-MAIN SPRINKLER CONTROL K0130-OTHER | | | | | | | | |
| TYPE OF DEFICIEN | 1CY | | | | St | JRRENT JRVEY | | | St | JRVEY | PRIOR 3 SURVEY | | | | | |
| CONDITION REQUIREMENT HEALTH TOTAL | | | | 0 3 3 | | | | 0 2 2 2 3 | | 0 0 4 5 4 5 | | | | | | |
| LIFE SAFETY CODE LIFE SAFETY CODE + HEALTH | | | ALTH | 5 8 | | | 3 5 | | 3 7 | 4 9 | | | | | | |
| COMPLAIN | NT SURVE | Y INFO | RMATIO | ON | | | | | | | | | | | | |

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY

SURVEY DATE STATUS
-----03/13/2001 SUBSTANTIATED
07/17/2001 UNSUBSTANTIATED
10/25/2001 UNSUBSTANTIATED
10/03/2002 SUBSTANTIATED

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSES X=DEFICIENT COP = CONDITION REQ = REQUIREMENT